

## BUILDING TRADES HEALTH & WELFARE FUND

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1718 Heilmandale Road Suite 400  
Lebanon, PA 17046  
Telephone 717-273-3800

Diana Schaeffer, Administrator

Dear Participant:

You have contacted the Fund and asked about obtaining dependent coverage for your child. If a Participant wishes to obtain Health & Welfare coverage for a dependent child, and is not married to the child's mother, then the Fund requires that the Participant sign an affidavit affirming that the Participant is the child's natural parent.

**PLEASE NOTE that signing the enclosed Affidavit may have other legal consequences, for example, if the child's mother ever seeks support for the child, you may not be able to challenge your obligation to support the child. THE FUND ADVISES you to consult your attorney regarding the Affidavit's effect upon other legal rights which you may have before you sign the Affidavit.**

If, after you have had an opportunity to consult legal counsel, you wish to list the child as your dependent, and obtain coverage under the Plan for the child, please sign the enclosed affidavit, have your signature notarized, and return the form to the Plan Administrator so the Fund can process your request for coverage for your child.

Please do not hesitate to contact me if you have any questions or need additional information.

Very truly yours,

DIANA SCHAEFFER, Administrator

Enclosure

**BUILDINGTRADES HEALTH & WELFARE FUND  
PARTICIPANT'S AFFIDAVIT OF PATERNITY**

PARTICIPANT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**AFFIDAVIT OF PATERNITY**

I, \_\_\_\_\_, declare, under penalties of perjury, that I am the natural father of \_\_\_\_\_, born on \_\_\_\_\_ and that he or she is my dependent. **I acknowledge that I have been advised, and understand that signing this Affidavit of Paternity may have other legal consequences and could affect my legal rights. I acknowledge that the Building Trades Health & Welfare Fund has advised me to consult an attorney before I sign this Affidavit, regarding this Affidavit's effect upon any legal rights which I may have.**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Date: \_\_\_\_\_

Sworn and subscribed to and before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: